

INFORMATIONAL LETTER NO. 2088-MC-FFS

DATE: January 7, 2020

TO: Iowa Medicaid Integrated Health Homes (IHH), Iowa Medicaid Home- and Community-Based (HCBS) Providers and Targeted Case Managers (TCM)

APPLIES TO: Managed Care (MC) and Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Assessment Tools Approved for Home- and Community-Based Services

EFFECTIVE: January 8, 2020

This letter provides further clarification to [Informational Letter 1826-MC-FFS](#)¹

Effective January 8, 2020, the administrative rules require the use of the Mayo Portland Adaptability Inventory (MPAI) in addition to the interRAI assessment tool for determining level of care and service planning for the HCBS BI Waiver program. The administrative rule for each of the HCBS Waiver programs and the needs based eligibility for the HCBS Habilitation program may be found at:

HCBS Habilitation Program	441 IAC 78.27(2) ²
HCBS Health and Disability Waiver	441 IAC 83.2(1) d ³
HCBS Elderly Waiver	441 IAC 83.22(1) d ⁴
HCBS AIDS/HIV Waiver	441 IAC 83.42(1) b ⁵

¹ https://dhs.iowa.gov/sites/default/files/1826-MC-FFS_Clarification_Assessment_Tools_Approved_HCBSservices.pdf

² <https://www.legis.iowa.gov/docs/iac/rule/07-04-2018.441.78.27.pdf>

³ <https://www.legis.iowa.gov/docs/iac/rule/01-02-2019.441.83.2.pdf>

⁴ <https://www.legis.iowa.gov/docs/iac/rule/07-05-2017.441.83.22.pdf>

⁵ <https://www.legis.iowa.gov/docs/iac/rule/07-05-2017.441.83.42.pdf>

HCBS Intellectual Disability Waiver	441 IAC 83.61(2) a ⁶
HCBS Brain Injury Waiver	441 IAC 83.82(1) f ⁷
HCBS Physical Disability Waiver	441 IAC 83.102 (1) h ⁸
HCBS Children's Mental Health Waiver	441 IAC 83.122(3) ⁹

HCBS waiver Level of Care (LOC) and Habilitation Needs Based Assessment (NBA) tool clarifications and processes are outlined below:

- 1) The [Medicaid Member Documentation Upload Cover Sheet](#)¹⁰ must be fully completed and used as the first page of each member's documents prior to uploading to the [Iowa Medicaid Portal Access](#)¹¹ (IMPA) system for assessments that need to be reviewed by the IME for medical necessity. A separate coversheet must be utilized for each member, and each member's documents must be a separate upload. Lack of a fully completed cover sheet may delay the IME processing of documents.
- 2) The IME Medical Services Unit will accept only the assessment tools listed on the attached chart to complete the waiver LOC and Habilitation NBA.
- 3) The IME will not accept tools that have not been specified as usable for the HCBS program for which the applicant has applied. For example, the Supports Intensity Scale® (SIS) cannot be used for the Elderly Waiver, nor can the interRAI Home Care be used for applicants for the Intellectual Disability Waiver.
- 4) If IME staff becomes aware that additional pertinent information is required to complete the LOC and NBA assessment processes, IME LOC review staff will reach out as appropriate to gather necessary information. The IME does accept and review subsequent submissions of information that may inform eligibility decisions.

⁶ <https://www.legis.iowa.gov/docs/iac/rule/12-06-2017.441.83.61.pdf>

⁷ <https://www.legis.iowa.gov/docs/iac/rule/12-04-2019.441.83.82.pdf>

⁸ <https://www.legis.iowa.gov/docs/iac/rule/07-05-2017.441.83.102.pdf>

⁹ <https://www.legis.iowa.gov/docs/iac/rule/07-05-2017.441.83.122.pdf>

¹⁰ <https://dhs.iowa.gov/sites/default/files/470-5403.pdf>

¹¹ [https://secureapp.dhs.state.ia.us/impd/\(S\(drt2upyze0x4o0te5qljhbga\)\)/Default.aspx](https://secureapp.dhs.state.ia.us/impd/(S(drt2upyze0x4o0te5qljhbga))/Default.aspx)

The HCBS Approved Standardized Assessment Tools are shown below:

Waiver/Service Title	Age	DHS Designated Assessment Tool
AIDS/HIV	0 - 3	Case Management (CM) Comprehensive Assessment
	4 – 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
AIDS/HIV with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
AIDS/HIV with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Brain Injury (BI)	0 - 3	CM Comprehensive Assessment and the most current version of Mayo Portland Adaptability Inventory (MPAI) form 470-5583
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC) and the most current version of Mayo Portland Adaptability Inventory (MPAI) form 470-5583
	21 +	interRAI - Home Care (HC) and the most current version of Mayo Portland Adaptability Inventory (MPAI) form 470-5583
BI with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH) and the most current version of Mayo Portland Adaptability Inventory (MPAI) form 470-5583
BI with Habilitation	19 +	interRAI - Community Mental Health (CMH) and the most current version of Mayo Portland Adaptability Inventory (MPAI) form 470-5583
Children's Mental Health	0 - 3	CM Comprehensive Assessment (or modified PIHH)
	4 - 20	interRAI - Child and Youth Mental Health (ChYMH)
	12 - 18	interRAI - Adolescent Supplement (in addition to ChYMH)
Elderly	65 +	interRAI - Home Care (HC)
Elderly with Habilitation	65 +	interRAI - Community Mental Health (CMH)
Health and Disability (HD)	0 - 3	CM Comprehensive Assessment
	4 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 - 64	interRAI - Home Care (HC)
HD with Habilitation	16 - 18	inter-RAI Child and Youth Mental Health (ChYMH)
HD with Habilitation	19 +	interRAI - Community Mental Health (CMH)

Waiver/Service Title	Age	DHS Designated Assessment Tool
Intellectual Disability (ID)	0 - 4	CM Comprehensive Assessment
	5 - 15	Supports Intensity Scale - Child (SIS-C)
	16+	Supports Intensity Scale - Adult (SIS-A)
ID with Habilitation	16 +	Supports Intensity Scale - Adult (SIS-A)
Physical Disability (PD)	18 - 20	interRAI - Pediatric Home Care (PEDS-HC)
	21 +	interRAI - Home Care (HC)
PD with Habilitation	18	inter-RAI Child and Youth Mental Health (ChYMH)
PD with Habilitation	19 +	interRAI - Community Mental Health (CMH)
Habilitation Services	16 - 18	interRAI - Child and Youth Mental Health (ChYMH)
	19 +	interRAI - Community Mental Health (CMH)

If you have any questions please contact the IME Provider Services Unit at 1-800-338-7909, or email at IMEproviderservices@dhs.state.ia.us.